

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13867

State File No.

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Niaugua Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24 - 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 3, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE (In years last birthday) <u>82</u>
		11. BIRTHPLACE (State or foreign country) <u>New Douglas, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John H. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Frances M. Flory</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John G Jones son, Niaugua Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion, shock, broken rt. leg.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple lacerations of ex-</u> DUE TO (c) <u>tremities.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>133</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Springfield</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greene, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 24, 1953 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-Pedestrian Accident</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Dr. E. L. Allen</u>		23b. ADDRESS <u>407 Medical Arts Building</u>		23c. DATE SIGNED <u>4-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-28-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Springs Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO MARSHFIELD</u>		ADDRESS <u>Barber-Barto Marshfield</u>	
DATE REC'D BY LOCAL REG. <u>4-29-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul Baer

Licensed Embalmer No. 3848

P. O. Address Mtn Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.